

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	VINN	30	07-19-01
<b>O.I.P.E. CLASSIFIER</b>		853	7/19
<b>FORMALITY REVIEW</b>	SP	565	05-24-01
<b>RESPONSE FORMALITY REVIEW</b>	(W)		11/26/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	10-1
10	6/3
11	6/2
12	6/1
13	6/1
14	6/1
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50	6/1

Claim	Date
Final Original	51
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Claim	Date
Final Original	101
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If more than 150 claims or 10 actions  
staple additional sheet here

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7784/6  
821 6-20-01  
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